

BENJAMIN J. CAYETANO  
GOVERNOR



STATE OF HAWAII  
DEPARTMENT OF ACCOUNTING  
AND GENERAL SERVICES

P. O. BOX 119  
HONOLULU, HAWAII 96810-0119

DIRECTOR'S OFFICE  
DEPT. OF TRANSPORTATION  
APR 18 9 01 AM '96  
SAM CALLEJO  
EUGENE A. WIK  
Comptroller  
MARIA PATRICIA WATERHOUSE  
Deputy Comptroller

APR 17 1996

COMPTROLLER'S MEMORANDUM NO. 1996-12

TO: Heads of Departments  
ATTN: Administrative and Fiscal Officers  
SUBJECT: Revised Notification For Payroll Adjustment, SAFORM D-70

This is to inform departments that a revised Notification For Payroll Adjustment, SAFORM D-70 will be effective July 1, 1996. New forms should have been ordered directly from the vendor through the State Procurement Office. Delivery of the new forms will be in early June. Remaining quantities of the old form may be used until depleted.

Attached for your information is a sample copy of the revised form with the specific changes described below:

NOTIFICATION FOR PAYROLL ADJUSTMENT, SAFORM D-70

1. In line 1, changed heading for column numbers 62-68 from "WARRANT NO." to "CHECK NO.".
2. In line 2, changed heading for column numbers 67-73 and 74-80 from "WIK OR COLA" to "WIK/COLA/MOV EXP".
3. In the section "SPECIAL INSTRUCTIONS", changed the word "WARRANT" to "CHECK".
4. Changed revision date to JULY 1, 1996 (REVISED).

Should there be any questions regarding this memorandum, please call Dona Kang of our Systems Accounting Branch at 586-0610.

Attachment

  
SAM CALLEJO  
State Comptroller

Barbara

cc: AIR-AF, HAR-SF, HWY-SF, AIR-AF (Maria), HAR-SF (Deanna), HWY-SF (Julie)

# STATE OF HAWAII

## NOTIFICATION FOR PAYROLL ADJUSTMENT

ENTER:

- 1 OVERPAYMENT ADJUSTMENT
- 2 REQUEST FOR PRIORITY PAYMENT
- 3 ADJUSTMENT TO DEDUCTIONS
- 4 ADJUSTMENT TO YEAR-TO-DATE DEDUCTIONS
- 5 ADJUSTMENT FOR CP USE ONLY

|   |                  |                |                |       |        |              |       |         |             |             |       |                             |              |          |   |                       |                   |                       |  |                   |                       |  |  |  |                                       |  |  |  |  |  |  |  |  |  |
|---|------------------|----------------|----------------|-------|--------|--------------|-------|---------|-------------|-------------|-------|-----------------------------|--------------|----------|---|-----------------------|-------------------|-----------------------|--|-------------------|-----------------------|--|--|--|---------------------------------------|--|--|--|--|--|--|--|--|--|
| NAME OF EMPLOYEE (LAST, FIRST, M.I.)  |                  |                |                |       |        |              |       |         |             | 1-4<br>FORM |       | 5-14<br>SOCIAL SECURITY NO. |              |          |   | 15-20<br>POSITION NO. |                   | 21                    |  |                   |                       |  |  |  |                                       |  |  |  |  |  |  |  |  |  |
| 22  | 23-25            | 26-28          | 29-34          |       |        | 35-40        |       |         | 41-47       |             |       | 48-54                       |              |          | 55-61   |                       |                   | 62-68                 |  |                   |                       |  |  |  |                                       |  |  |  |  |  |  |  |  |  |
| 1   | PAYROLL NO.      | DIST.          | DATE EARNED    |       |        | DATE PAID    |       |         | TOTAL GROSS |             |       | TOTAL DEDUCT                |              |          | NET   |                       |                   | CHECK NO.             |  |                   |                       |  |  |  |                                       |  |  |  |  |  |  |  |  |  |
| 22  | 23-29            | 30-35          | 36-42          |       |        | 43-48        |       |         | 49-54       |             |       | 55-60                       |              |          | 61-66   |                       |                   | 67-73                 |  |                   | 74-80                 |  |  |  |                                       |  |  |  |  |  |  |  |  |  |
| 2   | SS OR FICA GROSS | SS OR FICA TAX | MEDICARE GROSS |       |        | MEDICARE TAX |       |         | FEDERAL TAX |             |       | STATE TAX                   |              |          | REG. RETIREMENT                                   |                       |                   | WIK/COLA/MOV EXP CODE |  |                   | WIK/COLA/MOV EXP CODE |  |  |  |                                       |  |  |  |  |  |  |  |  |  |
| 22  | 23-24            | 25-27          | 28-30          | 31-35 | 36-41  | 42-43        | 44-46 | 47-49   | 50-54       | 55-60       | 61-62 | 63-65                       | 66-68        | 69-73    | 74-79   |                       |                   |                       |  |                   |                       |  |  |  |                                       |  |  |  |  |  |  |  |  |  |
| PAYROLL DEDUCTION #1  |                  |                |                |       |        |              |       |         |             |             |       |                             |              |          | PAYROLL DEDUCTION #2                              |                       |                   |                       |  |                   |                       |  |  |  | PAYROLL DEDUCTION #3                  |  |  |  |  |  |  |  |  |  |
| TYPE AGENT PLAN ASSIGNMENT NO. AMOUNT   |                  |                |                |       |        |              |       |         |             |             |       |                             |              |          | TYPE AGENT PLAN ASSIGNMENT NO. AMOUNT             |                       |                   |                       |  |                   |                       |  |  |  | TYPE AGENT PLAN ASSIGNMENT NO. AMOUNT |  |  |  |  |  |  |  |  |  |
| 3   |                  |                |                |       |        |              |       |         |             |             |       |                             |              |          |   |                       |                   |                       |  |                   |                       |  |  |  |                                       |  |  |  |  |  |  |  |  |  |
| 3   |                  |                |                |       |        |              |       |         |             |             |       |                             |              |          |   |                       |                   |                       |  |                   |                       |  |  |  |                                       |  |  |  |  |  |  |  |  |  |
| 3   |                  |                |                |       |        |              |       |         |             |             |       |                             |              |          |   |                       |                   |                       |  |                   |                       |  |  |  |                                       |  |  |  |  |  |  |  |  |  |
| 3   |                  |                |                |       |        |              |       |         |             |             |       |                             |              |          |   |                       |                   |                       |  |                   |                       |  |  |  |                                       |  |  |  |  |  |  |  |  |  |
| 22  | 23               | 24-26          | 27             | 28-30 | 31-34  | 35-38        | 39-41 | 42-45   | 46          | 47-53       | 54    | ADJUSTMENT                  |              |          |   |                       | FOR DAGS USE ONLY |                       |  |                   |                       |  |  |  |                                       |  |  |  |  |  |  |  |  |  |
| UNIFORM ACCOUNTING CODE   |                  |                |                |       |        |              |       |         |             |             |       | ENC                         | GROSS AMOUNT | TYPE PAY | ADJUSTMENT  |                       |                   |                       |  | FOR DAGS USE ONLY |                       |  |  |  |                                       |  |  |  |  |  |  |  |  |  |
| F   | YR               | APP            | D              | S/D   | OBJECT | FUNCTION     | LOC   | PROJECT |             |             |       |                             |              |          |   |                       |                   |                       |  |                   |                       |  |  |  |                                       |  |  |  |  |  |  |  |  |  |
| 4   |                  |                |                |       |        |              |       |         |             |             |       | PAYROLL GROSS PAY           |              |          |   |                       | TDR:              |                       |  |                   |                       |  |  |  |                                       |  |  |  |  |  |  |  |  |  |
| 4   |                  |                |                |       |        |              |       |         |             |             |       |                             |              |          |   |                       |                   |                       |  |                   |                       |  |  |  |                                       |  |  |  |  |  |  |  |  |  |
| 4   |                  |                |                |       |        |              |       |         |             |             |       |                             |              |          |   |                       |                   |                       |  |                   |                       |  |  |  |                                       |  |  |  |  |  |  |  |  |  |
| 4   |                  |                |                |       |        |              |       |         |             |             |       |                             |              |          |   |                       |                   |                       |  |                   |                       |  |  |  |                                       |  |  |  |  |  |  |  |  |  |
| TOTAL GROSS   |                  |                |                |       |        |              |       |         |             |             |       |                             |              |          | AMOUNT PAID \$                                    |                       |                   |                       |  | AMOUNT            |                       |  |  |  |                                       |  |  |  |  |  |  |  |  |  |
|   |                  |                |                |       |        |              |       |         |             |             |       |                             |              |          | CORRECT AMOUNT                                    |                       |                   |                       |  | DATE              |                       |  |  |  |                                       |  |  |  |  |  |  |  |  |  |
|   |                  |                |                |       |        |              |       |         |             |             |       |                             |              |          | AMOUNT OVERPAID                                   |                       |                   |                       |  | NO.               |                       |  |  |  |                                       |  |  |  |  |  |  |  |  |  |
|   |                  |                |                |       |        |              |       |         |             |             |       |                             |              |          | LESS DEDUCTIONS RECOVERED THRU PAYROLL ADJUSTMENT |                       |                   |                       |  | AUDITED BY        |                       |  |  |  |                                       |  |  |  |  |  |  |  |  |  |
|   |                  |                |                |       |        |              |       |         |             |             |       |                             |              |          |   |                       |                   |                       |  | EFFECTIVE DATE    |                       |  |  |  |                                       |  |  |  |  |  |  |  |  |  |
| SPECIAL INSTRUCTIONS  |                  |                |                |       |        |              |       |         |             |             |       |                             |              |          |   |                       |                   |                       |  |                   |                       | AMOUNT TO BE RECOVERED FROM ABOVE EMPLOYEE |  |  |                                       |  |  |  |  |  |  |  |  |  |
| ATTACH CHECK ③ TO BE CANCELLED OR ATTACH PERSONAL PAYMENT AND TREASURY DEPOSIT RECEIPT FOR DEPOSIT INTO THE PAYROLL CLEARANCE FUND. |                  |                |                |       |        |              |       |         |             |             |       |                             |              |          |   |                       |                   |                       |  |                   |                       |  |  |  |                                       |  |  |  |  |  |  |  |  |  |
| REMARKS:  |                  |                |                |       |        |              |       |         |             |             |       |                             |              |          |   |                       |                   |                       |  |                   |                       |  |  |  |                                       |  |  |  |  |  |  |  |  |  |
|   |                  |                |                |       |        |              |       |         |             |             |       |                             |              |          |   |                       |                   |                       |  |                   |                       | FOR CENTRAL PAYROLL USE ONLY               |  |  |                                       |  |  |  |  |  |  |  |  |  |
|   |                  |                |                |       |        |              |       |         |             |             |       |                             |              |          |   |                       |                   |                       |  |                   |                       | RECEIVED FORM D-71                         |  |  |                                       |  |  |  |  |  |  |  |  |  |
|   |                  |                |                |       |        |              |       |         |             |             |       |                             |              |          |   |                       |                   |                       |  |                   |                       | VERIFIED PRA 061                           |  |  |                                       |  |  |  |  |  |  |  |  |  |
|   |                  |                |                |       |        |              |       |         |             |             |       |                             |              |          |   |                       |                   |                       |  |                   |                       | VERIFIED FORM D-95                         |  |  |                                       |  |  |  |  |  |  |  |  |  |
|   |                  |                |                |       |        |              |       |         |             |             |       |                             |              |          |   |                       |                   |                       |  |                   |                       | PREPARED FORM C-53                         |  |  |                                       |  |  |  |  |  |  |  |  |  |
|   |                  |                |                |       |        |              |       |         |             |             |       |                             |              |          |   |                       |                   |                       |  |                   |                       | PREPARED FORMS W2C, W3C                    |  |  |                                       |  |  |  |  |  |  |  |  |  |
|   |                  |                |                |       |        |              |       |         |             |             |       |                             |              |          |   |                       |                   |                       |  |                   |                       | PREPARED FORM D83                          |  |  |                                       |  |  |  |  |  |  |  |  |  |

DATE

AUTHORIZED SIGNATURE

OFFICIAL TITLE

DATE

**COMPTROLLER  
STATE OF HAWAII**